

**EXHIBIT B**

Lafayette Place OMV LLC  
c/o Om Ventures  
3607 S West Shore Blvd.  
Tampa, FL 33629  
(813) 676-4950

## Statement

Billing Period	Statement Date
04/01/24 - 09/13/24	09/13/24

TO:

Big Lots Stores, Inc., an Ohio Corporation  
Big Lots Stores, Inc.  
300 Phillipi Rd  
Department 10061  
Columbus, OH 43228-5311

Property	Unit	Type	Acc #
LAF	143-18-CU	Retail	561

Previous Balance	Current Charges	Current Credits	Balance Due
0.00	212,663.55	151,614.81	61,048.74



Last Payment	Amount Enclosed
8/5/24 \$30,032.79 EFT	

PLEASE RETURN TOP PORTION WITH YOUR REMITTANCE

Date	Reference	Description	Amount
04/01/24		Previous Balance	0.00
04/01/24		Prior Year CAM	31,015.95
04/01/24		Rent Charge	29,017.19
04/01/24		Florida State Tax	1,741.03
04/02/24	EFT	Payment Received	-30,758.22
05/01/24		Rent Charge	29,017.19
05/01/24		Florida State Tax	1,741.03
05/06/24	EFT	Payment Received	-30,758.22
06/01/24		Rent Charge	29,017.19
06/01/24		Florida State Tax	1,015.60
06/04/24	EFT	Payment Received	-30,758.22
07/01/24		Rent Charge	29,017.19
07/01/24		Florida State Tax	1,015.60
07/01/24	EFT	Payment Received	-29,307.36
08/01/24		Rent Charge	29,017.19
08/01/24		Florida State Tax	1,015.60
08/05/24	EFT	Payment Received	-30,032.79
09/01/24		Rent Charge	29,017.19
09/01/24		Florida State Tax	1,015.60
			Sub Total
			61,048.74
			Unapplied Credits
			0.00
			Balance Due
			61,048.74

Comments

## United States Bankruptcy Court, District of Delaware

Fill in this information to identify the case (Select only one Debtor per claim form):

Debtor: Big Lots Stores, LLCCase Number: 24-11973Modified Official Form 410**Proof of Claim**

04/22

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense (other than a claim entitled to priority under 11 U.S.C. § 503(b)(9)). Make such a request according to 11 U.S.C. § 503.

Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. Do not send original documents; they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

<b>Part 1: Identify the Claim</b>			
1. Who is the current creditor?	Lafayette Place OMV, LLC Name of the current creditor (the person or entity to be paid for this claim)		
	Other names the creditor used with the debtor _____		
2. Has this claim been acquired from someone else?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____		
3. Where should notices and payments to the creditor be sent?  Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Where should notices to the creditor be sent?  Address1: Noel Boeke c/o Holland & Knight LLP Address2: 100 N. Tampa Street, Suite 4100 Address3: Address4: City: Tampa FL 33602, US State: FL Postal Code: 33602 Country: Contact phone (813) 227-6525 Contact email noel.boeke@hklaw.com	Where should payments to the creditor be sent? (if different)  Address1: Dharma Malemparti, President Address2: 3607 West Shore Boulevard Address3: Address4: City: Tampa FL 33602, US State: FL Postal Code: 33629 Country: Contact phone (813) 676-4950 Contact email dharma@omventures.com	
4. Does this claim amend one already filed?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____ <span style="float: right;">Filed on _____ MM / DD / YYYY</span>		
5. Do you know if anyone else has filed a proof of claim for this claim?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing? _____		

**Part 2: Give Information About the Claim as of the Date the Case Was Filed**

6. Do you have any number you use to identify the debtor?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: _____
7. How much is the claim?	\$ <u>61,048.74</u> . Does this amount include interest or other charges?
	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).
8. What is the basis of the claim?	Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or creditcard. Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c). Limit disclosing information that is entitled to privacy, such as health care information.  Lease - for Big Lots #5327- Tallahassee, FL at Lafayette Place Shopping Center, 3111 Mahan Drive
9. Is all or part of the claim secured?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. The claim is secured by a lien on property.  Nature of property: <input type="checkbox"/> Real estate. If the claim is secured by the debtor's principal residence, file a <i>Mortgage Proof of Claim Attachment</i> (Official Form 410-A) with this <i>Proof of Claim</i> . <input type="checkbox"/> Motor vehicle <input type="checkbox"/> Other. Describe: _____
	Basis for perfection: _____ Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)
	Value of property: \$ _____
	Amount of the claim that is secured: \$ _____
	Amount of the claim that is unsecured: \$ _____ (The sum of the secured and unsecured amounts should match the amount in line 7.)
	Amount necessary to cure any default as of the date of the petition: \$ _____
	Annual Interest Rate (when case was filed) _____ % <input type="checkbox"/> Fixed <input type="checkbox"/> Variable
10. Is this claim based on a lease?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Amount necessary to cure any default as of the date of the petition. \$ <u>61,048.74</u>
11. Is this claim subject to a right of setoff?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Identify the property: _____



**Additional Noticing Addresses (if provided):**

**Additional Address 1**

Name:

Address1:

Address2:

Address3:

Address4:

City:

State:

Postal Code:

Country:

Contact Phone:

Contact Email:

---

**Additional Address 2**

Name:

Address1:

Address2:

Address3:

Address4:

City:

State:

Postal Code:

Country:

Contact Phone:

Contact Email:

**Additional Supporting Documentation Provided**

Yes  
 No

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Attachment Filename:

Proof of Claim 2024-09-25 Big Lots w attachments.pdf

Electronic Proof of Claim Confirmation: 3735-1-CGIIP-572224418

Claim Electronically Submitted on (UTC) : 2024-09-25T18:42:23.327Z

Submitted by: Layfayette Place OMV, LLC  
noel.boeke@hklaw.com

Fill in this information to identify the case:

Debtor 1	<u>Big Lots Stores LLC</u>
Debtor 2 (Spouse, if filing)	_____
United States Bankruptcy Court for the:	District of Delaware
Case number	<u>24-11973-JKS</u>

## Official Form 410

### Proof of Claim

04/22

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. Do not send original documents; they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

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#### Part 1: Identify the Claim

1. Who is the current creditor?	<u>Lafayette Place OMV, LLC</u> Name of the current creditor (the person or entity to be paid for this claim)		
	Other names the creditor used with the debtor _____		
2. Has this claim been acquired from someone else?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____		
3. Where should notices and payments to the creditor be sent?  Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	<b>Where should notices to the creditor be sent?</b>  Noel Boeke c/o Holland & Knight LLP Name _____ 100 N. Tampa Street, Suite 4100 Number _____ Street _____ Tampa FL 33602 City _____ State _____ ZIP Code _____ Contact phone <u>813-227-6525</u> Contact email <u>noel.boeke@hklaw.com</u>	<b>Where should payments to the creditor be sent? (if different)</b>  Dharma Malemparti, President Name _____ 3607 West Shore Boulevard Number _____ Street _____ Tampa FL 33629 City _____ State _____ ZIP Code _____ Contact phone <u>813-676-4950</u> Contact email <u>dharma@omventures.com</u>	
Uniform claim identifier for electronic payments in chapter 13 (if you use one):  -----			
4. Does this claim amend one already filed?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____ Filed on _____ MM / DD / YYYY		
5. Do you know if anyone else has filed a proof of claim for this claim?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing? _____		

**Part 2: Give Information About the Claim as of the Date the Case Was Filed**

6. Do you have any number you use to identify the debtor?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: _____
7. How much is the claim?	\$ <u>61,048.74</u> . Does this amount include interest or other charges? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).
8. What is the basis of the claim?	Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card. Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c). Limit disclosing information that is entitled to privacy, such as health care information.  Lease - for Big Lots #5327 - Tallahassee, FL at Lafayette Place Shopping Center, 3111 Mahan Drive
9. Is all or part of the claim secured?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. The claim is secured by a lien on property.  Nature of property: <input type="checkbox"/> Real estate. If the claim is secured by the debtor's principal residence, file a <i>Mortgage Proof of Claim Attachment</i> (Official Form 410-A) with this <i>Proof of Claim</i> . <input type="checkbox"/> Motor vehicle <input type="checkbox"/> Other. Describe: _____  Basis for perfection: _____ Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)
	Value of property: \$ _____ Amount of the claim that is secured: \$ _____ Amount of the claim that is unsecured: \$ _____ (The sum of the secured and unsecured amounts should match the amount in line 7.)  Amount necessary to cure any default as of the date of the petition: \$ _____  Annual Interest Rate (when case was filed) _____ % <input type="checkbox"/> Fixed <input type="checkbox"/> Variable
10. Is this claim based on a lease?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Amount necessary to cure any default as of the date of the petition. \$ <u>61,048.74</u>
11. Is this claim subject to a right of setoff?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Identify the property: _____

**12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?**

A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.

No

Yes. Check one:

- Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B). \$ \_\_\_\_\_
- Up to \$3,350\* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7). \$ \_\_\_\_\_
- Wages, salaries, or commissions (up to \$15,150\*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4). \$ \_\_\_\_\_
- Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8). \$ \_\_\_\_\_
- Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5). \$ \_\_\_\_\_
- Other. Specify subsection of 11 U.S.C. § 507(a)(\_\_\_\_\_) that applies. \$ \_\_\_\_\_

\* Amounts are subject to adjustment on 4/01/25 and every 3 years after that for cases begun on or after the date of adjustment.

**Part 3: Sign Below**

The person completing this proof of claim must sign and date it.  
FRBP 9011(b).

If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both.  
18 U.S.C. §§ 152, 157, and 3571.

Check the appropriate box:

- I am the creditor.
- I am the creditor's attorney or authorized agent.
- I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.
- I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

I understand that an authorized signature on this *Proof of Claim* serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

I have examined the information in this *Proof of Claim* and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date 09/25/2024  
MM / DD / YYYY

/s/ Noel Boeke

Signature

Print the name of the person who is completing and signing this claim:

Name	<u>Noel Boeke</u>		
	First name	Middle name	Last name
Title	<u>Attorney</u>		
Company	<u>Holland &amp; Knight LLP</u>		
	Identify the corporate servicer as the company if the authorized agent is a servicer.		
Address	<u>100 N. Tampa Street, Suite 4100</u>		
	Number	Street	
	<u>Tampa</u>		<u>FL</u>
	City	State	ZIP Code
Contact phone	<u>(813) 227-6525</u>		Email <u>noel.boeke@hklaw.com</u>

**ATTACHMENT TO PROOF OF CLAIM  
(DEBTOR: IN RE: BIG LOTS STORES, LLC)**

**Claim Amount:**

The Debtor is indebted to landlord, Lafayette Place OMV, LLC, in the total amount of

Rent and CAM Owed	\$ 61,048.74
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**Attachments:**

Statement for the billing period of April 1, 2024 through September 13, 2024.  
The lease is voluminous, copies will be provided upon request.

**Reservation of Rights:**

Lafayette Place OMV, LLC reserves its right to amend or supplement this Proof of Claim as circumstances require. Nothing in the Proof of Claim shall be taken to waive, release or otherwise compromise any additional component of the Claim (collateral securing any portion of the Claim) in the event that this becomes necessary to preserve or enforce any such claim or interest. Other than as expressly agreed in writing executed by Lafayette Place OMV, LLC, actions in this bankruptcy case shall in no event be considered to modify its rights against any third party, including if applicable, any co-maker, endorser, general partner, guarantor, principal obligor or other party liable or contingently liable for the obligations described in this Proof of Claim.

Lafayette Place OMV LLC  
 c/o Om Ventures  
 3607 S West Shore Blvd.  
 Tampa, FL 33629  
 (813) 676-4950

# Statement

Billing Period	Statement Date
04/01/24 - 09/13/24	09/13/24

TO:

Big Lots Stores, Inc., an Ohio Corporation  
 Big Lots Stores, Inc.  
 300 Phillipi Rd  
 Department 10061  
 Columbus, OH 43228-5311



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06/01/24		Rent Charge	29,017.19
06/01/24		Florida State Tax	1,015.60
06/04/24	EFT	Payment Received	-30,758.22
07/01/24		Rent Charge	29,017.19
07/01/24		Florida State Tax	1,015.60
07/01/24	EFT	Payment Received	-29,307.36
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08/01/24		Florida State Tax	1,015.60
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09/01/24		Florida State Tax	1,015.60
			<b>Sub Total</b>
			61,048.74
			<b>Unapplied Credits</b>
			0.00
			<b>Balance Due</b>
			61,048.74

Comments